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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN		R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/540,604	05/15/2006			Carl-Johan Hoijer			P05,0232		9006
TITLE OF INVENTION: HEART STIMULATOR DETECTING ATRIAL ARRHYTHMIA BY DETERMING WALL DISTENSION BY IMPEDANCE									
MEASURING									
APPLN. TYPE	SMALL ENTITY	100	UE FEE DUE		_				
		188		PUBLICATION FEE I	OUE		E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300		\$0		\$1810	02/15/2011
EXAMINER			ART UNIT	CLASS-SUBCLASS		_]			
ALTER, ALY	607-017000								
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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has beer recordation as set forth in 7 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE									
St. Jude Medical AB				Jarfalla, Sweden					
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